



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

CARE OF MALE PATIENTS

I.

DEAR EDITOR:

In the April JOURNAL "M. J. W." asks why I take the position I do regarding assisting in operations upon male patients. Before replying, allow me to ask a few questions.

Does the fact that the patient is in the operating room change the situation? She says, "From the professional point of view, is a man any different from a baby, a boy?" Viewing the nursing profession from the stand-point of "M. J. W.," allow me to ask whether she would be willing to be the patient while she had for her nurse one of our able male nurses? Would she submit to being prepared for a curettage by a male nurse and allow him to assist in the details of the operation and in the care after the operation? Do I still hear, "Why, yes, I can see no difference from a professional point of view we are all as innocent babes." If she voices that kind of sentiment, I am sure she would find it very difficult to teach the laity that she is right in her convictions, or get many pure-minded women to follow her example.

My reasons for taking the stand I do are legion, but I will endeavor to give a few of them. First, I am a Christian, and believe that God in no way approves of such boldness on the part of his people. I believe, as one writer suggests, that women should be thoroughly educated to work for women and men for men. In the days of Noah, God cursed one of Noah's sons because he boldly looked upon the nakedness of his father. We cannot hide behind our profession and think that we are licensed to do as we please. I believe exposure is uncalled for and unnecessary.

In this day, when we have such fine male nurses, each institution may have one or two connected with it. If every nurse would boldly take her stand against this growing evil and demand that male nurses should be in charge of such work, there would be a growing demand for them and women would not be asked to do such work in any place.

At this time, when there is a growing demand for purity, when immorality is on the increase to such an extent that our old world is steeped in as much sin and wickedness as were the cities of Sodom and Gomorrah, it is time for nurses to stand firm on points of purity, both mentally and morally.

It is true that there are nurses who, as "M. J. W." says, lightly regard the exposure of their sex, or either sex; they also take liberties until it becomes a common thing for them to transgress the laws of chastity, but this class of nurses is not approved of by either the nursing or medical professions.

As a professional nurse I believe I have the right to and do nurse men, taking the utmost care to not unnecessarily expose them. I do not approve of exposing either sex, not only because of the embarrassment to my patients, but because it is dangerous to their physical and moral health. I believe we should respect the feelings of modesty in all classes, especially the very young. Too

often their little feelings are so disregarded that it is hard for them to distinguish between morality and immorality.

I, while not a mother, have not departed so far from my womanly instincts not to feel for every mother who intrusts her daughter to my tutoring. I know my mother would have felt outraged at having her daughter perform for men what her motherly wisdom knew would lower the moral standard of women as well as blunt all their delicate senses of womanly dignity and reserve which she had taken years to cultivate. I could not conscientiously ask any of my women nurses to perform for our male patients what I would not do myself.

Do not think I fail to instruct my nurses to care for men. I do, but I also teach them just what is their duty to do, and what they must leave to the physician in charge. I believe the catheterizing of male patients should, nay, must, be done by male nurses or by the patient's physician.

"M. J.W." suggests it is all in the mind, but as we have no control over the minds of others, and some only partly control their own minds, I feel we should do nothing that will call forth any but the purest of thoughts. Let us be careful how we treat our rights as professional women, for fear we may bring contempt upon ourselves in place of the high esteem we now hold. T. M. M.

II.

DEAR EDITOR: In regard to letter by "M. B.N." in June issue of our worthy magazine, I agree that in training, each nurse should be taught, in theory, catheterization of males, just as we were in my school. May the day never come, however, when we, as a profession, will feel that to care for our male patients "in all respects as for our female," will not hurt our profession, if not each nurse personally.

We all know how the profession in general is criticised by many people, as being one in which women have little feeling in regard to modesty, and do we not owe it to our profession, if not to ourselves, individually, to change such opinion?

As all up-to-date hospitals are supplied with internes, or at least a visiting staff, one of whom is or should be within reach, it is certainly unnecessary for pupils to be called upon to catheterize male patients. If an occasion arises like the one "M. B.N." speaks of, then let the nurse fulfil her duty, for of course her duty it would be.

In three years of private duty, I have nursed an equal number of men and women. On three occasions it was necessary for the male patients to be catheterized (two cases in the city). The doctors made their calls suit the hour, or near it, for catheterizing, or sent an assistant, and I was given to understand plainly that I was not expected to do it.

From my discussion of this subject with several well-known physicians, I find that a majority of their profession is of the same opinion as I am.

It is hardly fair to compare our position with that of a male physician attending a female patient, for we all know that since the day of trained nurses began, our duties are to, on every occasion, save embarrassment between patient and physician as far as possible, and only where a nurse is not employed does a doctor attend to the duties that the nurse should and would do.

There is always a tactful way that we may fulfil our duties toward our male patient without neglecting him, and without being called "sticklers" (as "M. J.W." has termed us in April issue) by the attending physician, and

yet maintaining the dignity of the profession and the modesty becoming a woman.

I have heard recently that in a discussion of the character of trained nurses, one gave his opinion of a nurse as a woman who was not immoral but *unmoral*, because her profession called upon her to sacrifice her modesty in fulfilling her duties. This is harsh, but the speaker had had good cause for such opinion as I soon found out, and had more tact been displayed by that nurse, instead of an over-anxious desire to fulfil her duty, declaring she "did not mind," a very different impression would have been given. MRS. L. K. R., R.N.

FRUIT DIET FOR NURSING MOTHERS

DEAR EDITOR: In looking over my "Dock's Materia Medica for Nurses" I found upon page 70 this: "It may not be out of place here to refer to a popular error regarding a point of diet; that is, that a nursing woman may not drink lemonade because it will 'sour the milk' and 'give the baby colic.' A nurse will probably often be appealed to on this subject. Her knowledge of the chemical facts—that citric acid is decomposed in the blood, forming a neutral salt; that it does not reach the tissues as an acid, but passes out of the body as a carbonate—will at once decide the question."

Where I had learned this I had forgotten, but I gave acids to some of my patients who were nursing their babies and couldn't see that it made any difference in the quantity of milk nor with the baby. Some mothers would not take acids, and if anything their babies were more "colicky" than the others. Wishing the JOURNAL and nurses every success,

JEANNETTE M. HEATH.

NURSES ON DUTY IN A HOTEL

DEAR EDITOR: I have read with a great deal of interest the articles published in the May JOURNAL about hotel life of nurses. As I am very much interested in the highest standard of nurses being always kept before the public, I should like to add a word on the aforesaid subject. I can't imagine a well-bred as well as a properly trained nurse, whether pupil or graduate nurse, being willing to "exhibit" herself in uniform either in a hotel dining-room or in any other public place. I consider the uniform sacred to the sick room and hospital. If nurses east, west, north, and south will demand the respect that should be shown a woman of culture and good training, we shall not be asked to eat with the employes or maids.

No nurse should expect to go to a dining-room in her uniform. One can always take at least five minutes to slip into some simple gown for the occasion.

A few years ago I was at Atlantic City with a patient, at one of the largest hotels. I did not wear my uniform, as my patient was able to walk about. One evening I noticed how every one seemed to gaze in a certain direction in one of the long sun parlors, and made it my business to see what was causing so much attention. Imagine my disgust to find a fine large specimen of a woman, I can't say a nurse, arrayed in a graduate nurse's uniform, cap and apron! I introduced myself as a sister nurse, as I felt sorry for her, for she seemed to be alone. I learned that her patient was a perfectly well child, romping about with other children. As tactfully as I could, I referred to her wearing her uniform in a hotel. Her answer was that her people were rich, didn't mind paying for the washing of her white clothes, and wouldn't be satisfied if she didn't